

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404074871

Date Received:
01/30/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 39560
Name of Operator: TOP OPERATING COMPANY
Address: 3609 S WADSWORTH BLVD STE 340
City: LAKEWOOD State: CO Zip: 80235

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Canfield, Chris</u>		<u>chris.canfield@state.co.us</u>
<u>HERRING, PAUL</u>		<u>paul.herring@topoperating.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 690101763
Inspection Date: 03/09/2020 FIR Submit Date: 03/11/2020 FIR Status: _____

Inspected Operator Information:

Company Name: TOP OPERATING COMPANY Company Number: 39560
Address: 3609 S WADSWORTH BLVD STE 340
City: LAKEWOOD State: CO Zip: 80235

LOCATION - Location ID: _____

Location Name: _____ Number: _____ County: _____
Qtrqtr: NWN Sec: 25 Twp: 1N Range: 67W Meridian: 6
W
Latitude: 40.026883 Longitude: -104.846673

FACILITY - API Number: 05-123-00 Facility ID: 472962

Facility Name: Beneath former location of pumpjack Number: _____
Qtrqtr: NWN Sec: 25 Twp: 1N Range: 67W Meridian: 6
W
Latitude: 40.026883 Longitude: -104.846673

CORRECTIVE ACTIONS:

1 CA# 137124

Corrective Action: Comply with COGCC rule 1105.d. Pre-abandonment notice requirements for flowline or crude oil transfer line for inspection.
Provide notice to the surface owner and the relevant local government simultaneously with submitting notice to the Director pursuant to this Rule 1105.d.

Date: 03/14/2020

Response: CA COMPLETED Date of Completion: 11/23/2022

Operator Comment: Form 271 was submitted on 11/23/2022. Remedial Project #27201.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 1/30/2025 9:03:25 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

404074871	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files